

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2003 8:00 am**  
**Secretary of State**

05-16-2003 90181 006 \*\*\*\*61.25

**DOCUMENT # 762997**

1. Entity Name  
**OAKLAND OAKS ASSOCIATION, INC.**



Principal Place of Business

**18781 LENAIRE DRIVE  
MIAMI FL 33157**

Mailing Address

**18781 LENAIRE DRIVE  
MIAMI FL 33157**

2. Principal Place of Business

3. Mailing Address

**8925 SW 148 St.**

**8925 SW 148 St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 218**

**Suite 218**

City & State

City & State

**Miami FL**

**Miami FL**

Zip

Country

Zip

Country

**33176**

**33176**

4. FEI Number **59-2414074**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**TEGZES, FRANCINE**

**8925 SW 148th STREET**

**MIAMI FL 33156**

**8925 SW 148 St.**

**Suite 218**

**Miami FL 33176**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/02/03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PDV** ☐ Delete  
NAME **PALMER, MICHAEL**  
STREET ADDRESS **158 N.E. 41 STREET, SUITE 9**  
CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **STD** ☐ Delete  
NAME **BRUNING, ANN**  
STREET ADDRESS **3440 N.E. 16TH AVENUE**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **TEGZES, FRANCINE**  
STREET ADDRESS **18781 LENAIRE DRIVE**  
CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
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STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**MICHAEL B. PALMER PRES 4/20/03 305 736414**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)